

"GOING VIRAL: Public Health in Rush County"

Participant Release Form



AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS AND/OR VOICE

I hereby irrevocably grant *Partners For Healthy Rush County* and Rush County Health Department and any parent, subsidiary and affiliated entity or association and their respective successors, assigns, licenses, employees and agents, the right in perpetuity throughout the universe, and in all now know and hereafter existing media, physical likeness and/or voice in and in connection with the production, exhibition, merchandising, advertising, promotion or any other use of the production or any other use of the video entitled _____ ("Video").

I agree that the foregoing grant includes the right to use my physical likeness in any form, including, without limitation, a photograph, picture, artistic rendering, silhouette or other reproduction by photograph, film, tape, or otherwise.

I represent to the best of my knowledge that the consent of no other person, firm, corporation, organization or any other entity or association is required to enable *Partners For a Healthy Rush County* and Rush County Health Department to use my name, likeness, and or voice as described herein and that such use will not violate the rights of any third parties.

I acknowledge that nothing herein requires *Partners For a Healthy Rush County* and Rush County Health Department to use my likeness and/or voice described herein or in connection with the Video.

The rights granted herein include the right to use the Video or excerpts or stills from the Video (includes excerpts or stills containing my likeness and/or voice) in any other motion picture, publication, recording, or other medium and includes the right to edit, delete, and/or juxtapose (with any other part of the Video), any part of the Video in which I appear, and/or change the sequence of events in the Video.

All rights, title, and interest in and to the results and proceeds of the services and performances rendered by me in connection with the production of the Video or any portion thereof shall, from its inception, be the sole property of the *Partners For A Healthy Rush County* and Rush County Health Department free from any claim whatsoever by me or any other person.

This agreement contains the full and complete understanding between the parties and supersedes all prior agreements and understandings pertaining hereto and cannot be modified except in writing and signed by each party. In the event of a disagreement, that the laws of the State of Indiana shall be used to settle the disagreement.

I hereby certify and represent that I have reached at least 18 years of age and have every right to contract in my own name in connection with this release and that I have read the foregoing and fully understand the meaning and effect thereof, and intending to be legally bound, I have signed this Release Form this _____ day of _____, 2011. If participant is under 18 years of age, his/her parent or legal guardian hereby certifies and represents that he/she has every right to contract on behalf of the participant in connection with this Release, and that the parent has read the foregoing and fully understands the meaning and effect thereof, and intending to be legally bound, has signed the authorization on the above indicated date. Both the parent's and participant's names are required for participants under the age of 18.

Participant Printed Name

Parent Printed Name (if participant is under 18 yrs of age)

Participant Signature

Parent Signature

Street Address

City

State

Zip

Phone